

Idaho Perinatal Quality Collaborative (PQC) Champions

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Introductions - Idaho PQC Establishment Team

- Idaho Department of Health and Welfare Maternal and Child Health Program
 - Katherine Humphrey, Section Manager
 - Jen Liposchak, Health Program Manager
- Comagine Health Maternal Health Program
 - Ami Hanna, Program Manager
 - Genevieve Rasmussen, Project Manager
 - Phillip Wetmore, Sr Project Coordinator



Introductions – PQC Champions

- Name, role, affiliation
- Why are you interested in establishing a Perinatal Quality Collaborative in Idaho?



Comagine Health is a national, nonprofit, health care consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.



Mission, Vision, & Values Statements

- Collectively these help communicate who you are, internally and externally, and frame your identity and goals as a group.
 - Mission statement a single sentence that describes the purpose of your group's existence.
 - Vision statement what the group aims to achieve long term.
 - Value Statement expresses the priorities of your group and describes the standard and principles that drive you
- How will these be used?

Mission Statement

- Mission statement a single sentence that described the purpose of your group's existence.
- Key ideas from other examples
 - Reducing maternal and infant mortality
 - Improve pregnancy outcomes throughout the state
 - Sharing opportunities for education and training
 - Implementation of evidence-based practices
 - Achieve health equity and high-quality outcomes
 - Empower healthcare teams statewide to offer the highest quality care

Mission Statement - Guiding Questions

- Who do you see the Idaho PQC serving?
 - All women and children in Idaho.
- What do you envision the Idaho PQC doing?
 - Work together to improve child and maternal outcomes. Pursuing health equity and reproductive healthcare among women and families. Creating a community standard of care. Standardization of quality improvement. Getting healthcare on the same page.
- Why will the Idaho PQC do this?
 - Collaborating, advocating, using evidence-based processes. Mandated by CMS for hospitals reporting. Ongoing education and quality improvement for providers.
- How will the Idaho PQC deliver these services?
 - o Influence policy changes for the women and children in the state. Convening partners from across the state. Collaborating nationally.

Vision Statement

- Vision statement what the group aims to achieve long term.
- Advance or make available access and healthcare quality to all mothers and babies in Idaho. Access to quality care.
- Have the opportunity to have healthy pregnancy and starts to life.

Values Statement

- Values statement expresses the priorities of your group and describes the standard and principles that drive you
- Access and equality.
- Advocating.
- Equity to support equality.
- Collaboration and coordination. Support.
- Unbiased compassion.

The Alliance for Innovation on Maternal Health (AIM)

What is AIM?

- A national data-driven maternal safety and quality improvement initiative.
- AIM works to reduce preventable maternal mortality and severe morbidity across the United States via evidence-based safety and quality improvement strategies.

Why do we partner?

 To support best practices that make birth safer, improve maternal health outcomes and save lives.

How do we partner?

- AIM provides tools and technical assistance to states seeking to improve birth outcomes.
- States form a Perinatal Quality Collaborative to implement AIM tools that meet the needs of their communities.

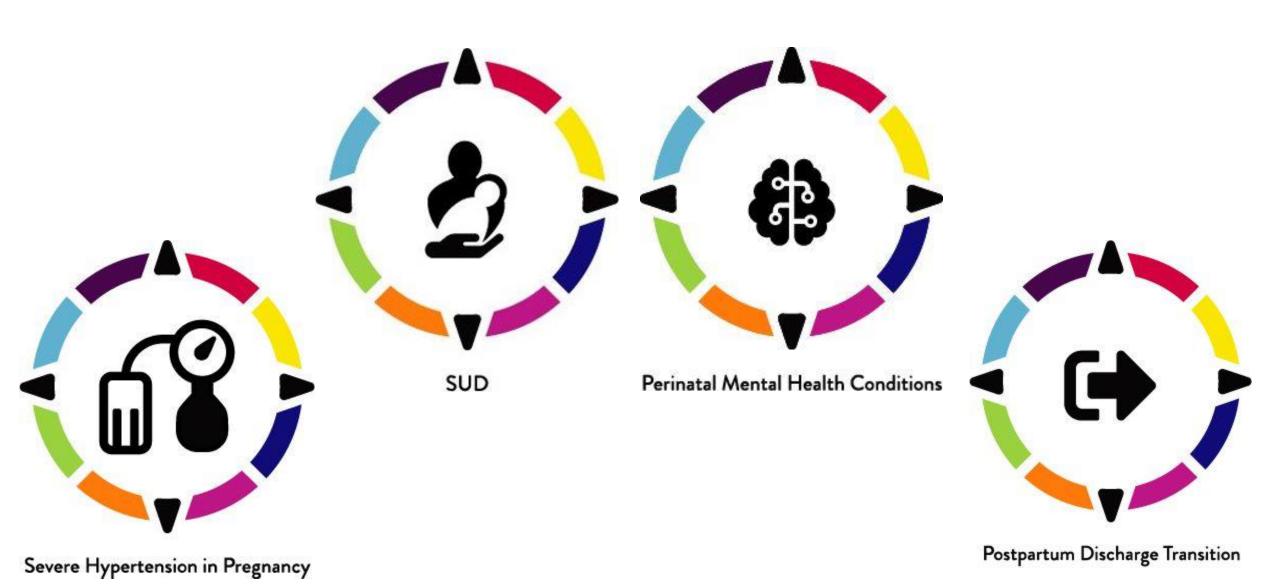




AIM Patient Safety Bundles

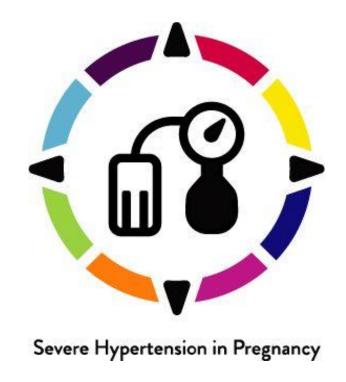


- Patient Safety Bundles (PSB) are a structured way of improving processes of care and patient outcomes.
 They are clinical, condition-specific, and follow an evidence-based structure.
- A bundle includes actionable steps that can be adapted to a variety of facilities and resource levels.
- **PSB Goal**: improve the way care is provided to improve outcomes.



Severe Hypertension in Pregnancy

- Improve coordinated processes of care for people with severe hypertension during pregnancy and the post-partum period.
- Focus on inpatient obstetric settings, emergency departments also included.
- Widely implemented & recently revised.





Care for Pregnant and Postpartum People with Substance Use Disorder



- Establishment of multidisciplinary care teams to provide coordinated clinical pathways for people experiencing SUD.
- Ensure recognition of patients with SUD during prenatal care and delivery admission.
- Provide links to treatment and supports to reduce risk, improve outcomes, and decrease severe maternal morbidity & mortality.



Perinatal Mental Health Conditions

- Educating and address stigma/bias related to mental health conditions.
- Provide treatment and resources for patients, and support early intervention to decrease maternal morbidity and mortality before, during, and after birth.
- Primarily uses data from inpatient birth admissions.





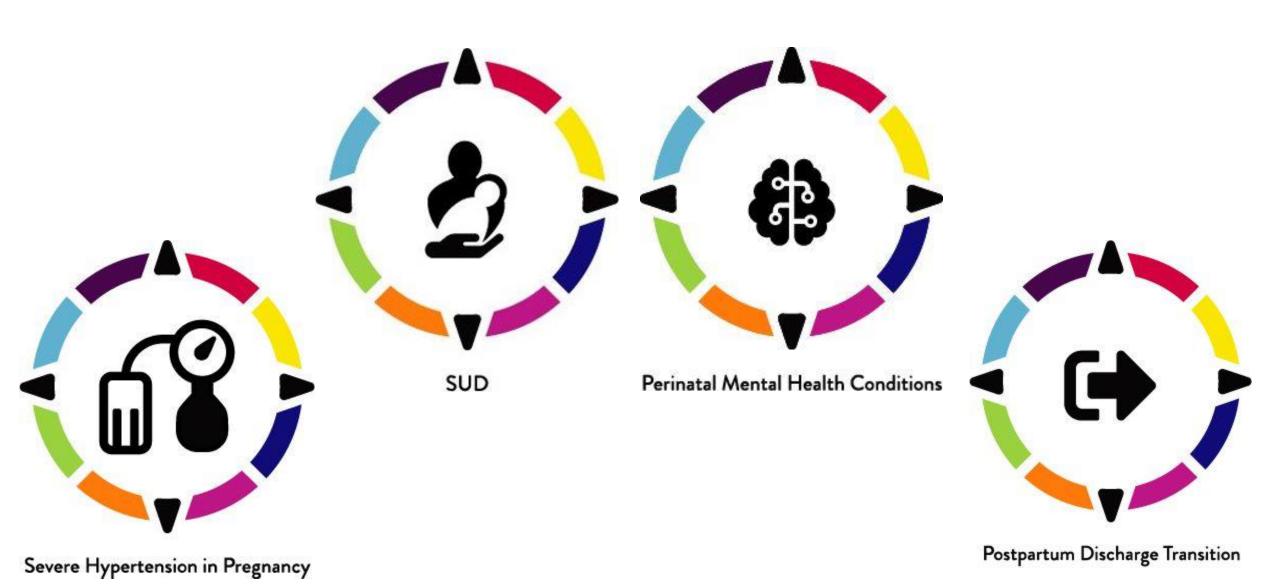
Postpartum Discharge Transition



Bundle-In Development

- Recognizes the importance of "the fourth trimester"
- Encourages comprehensive postpartum care visits.
- Provides linkage to treatment and resources following birth.
- Intervene early to decrease severe maternal morbidity and mortality.





AIM DATA TYPES

AIM develops project measurement strategies for its patient safety bundles to support adoption and evaluation of rapid cycle quality improvement activities.

AIM works with clinical and public health subject matter experts to identify metrics for quality improvement, balancing clinical and public health priorities with the feasibility of data collection and administrative burden.

AIM's project measurement strategies include three common quality improvement measure types:

Process, Structure, and Outcome Measures.





Data Collection Pathways – Two Approaches

1. Hospitals AIM PQC

•In this approach, hospitals submit data directly to the AIM data portal. AIM then provides access to the portal to representatives of the PQC through a data sharing agreement.

2.Hospitals PQC/QI Repository AIM

•In this approach, hospitals submit data to an intermediary organization / tool, who then submits data to AIM. This intermediary can be a database / software solution that the PQC oversees or has access to for AIM submission / QI needs. Data files will need to be created to match AIM Data Center standards or updated before submission.



AIM Guidance on Data Collection Tools

Use the AIM Data Center when:

- You do not have the resources to develop and maintain your own data collection system.
- You do not have the resources to regularly upload process and structure measures data on hospitals' behalf.

Explore or use another Data Collection tool when:

- You are already (successfully) using a pre-existing data collection system
- You have the resources to maintain a data collection system and submit process and structure measures to AIM.
- You want more customizations that the AIM Data Center can accommodate.



Recommended Solution and Data Management Plan

Hospitals AIM PQC

- In this approach, hospitals submit data directly to the AIM data portal. AIM then provides access to the portal to representatives of the PQC through a data sharing agreement.
- As part of the enrollment process to participate in the PQC bundle implementation, each hospital will need to complete a data sharing agreement with AIM that outlines the flow of data and allows for data sharing with PQC representatives.
- Further development of data solutions outside of the AIM Data center will be considered and pursued by the PQC as viable options become available.



Questions?



Wrap-up and next steps

- Following up with a draft Mission, Vision, and Values statement for your review.
- A survey will also be sent to gather votes on the AIM Patient
 Safety Bundle. This will allow you to rank the bundles in order of priority.
- Stay tuned for details about our May PQC Champions meeting





Thank you!